APPLICATION FORM

Storyteller Àdisòkewinini

National and Regional Awards Draw

Birthdate:	Grade:
School:	
Phone Number:	
Alternate Phone Number:	
Email:	
Mailing Address:	
Description of entry:	
Videos	
length:	

Length:
Year:
Format submitted:
Anyone in video must sign a release form, see below:

Artwork

Student Name:

All art should be photographed with high resolution PSI in daylight or good lighting. Do not submit original

Media:

Paper:

- Drawings
- Pencil (including coloured)
- o Crayon
- Watercolour
- \circ Other:

Paintings:

Storyteller Adisokewinini 2023 Awards

0	Canvas
0	Board
0	Acrylic paint
0	Oil paint
0	Other:
Beadv	vork:
Carvin	lg
Photo	graphy
Drawi	ngs
Collag	e
Digita	I
Other	:

For videos releases which must be signed by participants or parents/guardians:

Please provide the names of participant(s) appearing in the video and check the box if release form is completed and attached. A parent or guardian of any applicant under 18 years of age must sign the release form and consent to the above terms on behalf of the minor.

Applicant Signature:	
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Date: _____

(Parent/Guardian Signature for Applicant under 18)

Name of Parent/Guardian: ______ Signature: ______

Date: _____

Email application to J Phillips at Jphillips@fneaa.ca

VIDEO RELEASE FORM

By signing, you consent to the use, reproduction, publication, transmission and/or broadcast of your image, video, voice, your name, name of your educational institution, community/city/town, age, grade and/or award information. First Nations Education Administrators Association reserves the right to use any submitted videos and information for educational and communications purposes, including but not limited use on the FNEAA website, group mailings and communications without geographic limitations and time limit.

Name:	_ Age:	_Signature
Name of parent/guardian:		_ Signature
Name:	_ Age:	_Signature
Name of parent/guardian:		_ Signature
Name:	_ Age:	_Signature
Name of parent/guardian:		_ Signature
Name:	_ Age:	_Signature
Name of parent/guardian:		_ Signature
Name:	_ Age:	_Signature
Name of parent/guardian:		_ Signature
Date Signed :		